

U.S. Department of Justice
Immigration and Naturalization Service

**Health and Human Services Statistical
Data for Refugee/Asylee Adjusting Status**

Please Print or Type - See Instructions on Reverse Side

1. Name:		Last (<i>Family</i>)		First (<i>Given</i>)	Middle	Today's date:	Alien Registration Number:
Country of Birth:				Country of Citizenship:			
Native Language:				Date of Birth (<i>Month/Day/Year</i>)		Telephone Number:	
Current Address:							
(Number and Street Apartment No.)				(City)		(State)	
(Zip)							

2. My three (3) most recent cities of residence in the United States have been (*list most recent first*):

City or Town	State	From (<i>Month/Year</i>)	To
			Present

3. There are **members of my household,** **of whom are employed.** (*please use another sheet if needed*):

Name (<i>self</i>)	Relationship to Me (<i>self</i>)	Sex M/F	Date of Birth (Mo/Day/Yr)	Country of Birth	Alien Number	Currently Employed?		Attending School?	
						Yes	No	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. My employment since entering the United States has been (*list most recent first*):

Company Name	Location City, State	From (Mo/Yr)	To (Mo/Yr)	Job Title	Wage per Hour	Check One	
						Part Time	Full Time
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

5. My education before coming to the United States was (*check all that apply*):

<input type="checkbox"/> Grades 1-8 <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma <input type="checkbox"/> Technical school <input type="checkbox"/> Technical school certificate	<input type="checkbox"/> Some University <input type="checkbox"/> University diploma <input type="checkbox"/> Graduate studies <input type="checkbox"/> Professional training <input type="checkbox"/> Graduate degree	My knowledge of English was acquired by (<i>check all that apply</i>): <input type="checkbox"/> Training in the U.S. <input type="checkbox"/> Use in the U.S. <input type="checkbox"/> Training in another country	<input type="checkbox"/> Use in another country <input type="checkbox"/> Training in refugee camp <input type="checkbox"/> Other (please explain):
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6. I have had the following training or education in the U.S. (*check all that apply*):

Type of School	Course of Study	Check if Still Attending	Check if Completed
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

7. My English ability is (*check one*):

<input type="checkbox"/> None	<input type="checkbox"/> Good
<input type="checkbox"/> A few words	<input type="checkbox"/> Fair

8. Since in the United States, check as many type of public assistance you have received or someone has received on your behalf:

Public Assistance	From (<i>Month/Year</i>)	To (<i>Month/Year</i>)	Public Assistance	From (<i>Month/Year</i>)	To (<i>Month/Year</i>)
<input type="checkbox"/> Cash assistance (welfare)			<input type="checkbox"/> Medical assistance		
<input type="checkbox"/> Food stamps			<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> SSI					

INSTRUCTIONS
(TO THE APPLICANT - PLEASE TYPE OR PRINT PLAINLY)

This form is to be completed in full by persons age 16 and over. Younger persons should complete Blocks 1 and 2 only. The information requested on this form is to be used by the Department of Health and Human Services for statistical purposes only. The form will not be retained by the Immigration and Naturalization Service.

REPORTING BURDEN

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average from 5 to 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4307r, Washington, DC 20536; OMB No. 1115-0104. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

PRIVACY ACT NOTICE

Our legal right to ask for this information is in 8 USC 1184. All the information provided on this form, including addresses are protected by the Privacy Act and the Freedom of Information Act. This information will not be released in any form whatsoever to a third party, other than another government agency, who requests it without a court order, or without your written consent, or, in the case of a child, the written consent of the parent or legal guardian who filed the form on the child's behalf.

BLOCK 1:

Enter your name the date on which you are completing this form, and your alien registration number on the first line. On the second line, enter your country of birth and your country of citizenship. On the third line, enter your native language, your date of birth and your telephone number. Enter your current address on the fourth line.

BLOCK 2:

Fill in your three (3) most recent cities and states of residence in the U.S. in order, starting with your current place of residence. If you have not lived in three (3) different cities since you entered the U.S., write "none" on as many lines as appropriate.

BLOCK 3:

Show the total number of people living in your household and the number currently employed. Fill in the first line for yourself, then list any other persons who live in your household. If more than five (5) persons live with you, please attach a separate page listing the others and provide the information requested.

BLOCK 4:

Enter the information about all jobs you have held since coming to the U.S., starting with your current or most recent job. Under "Job title," write the term that

best describes the work you do, such as "machine operator," "nurse," or "chemist." If you have not worked at all since coming to the U.S., write "none." At the bottom of the block enter your major occupation before coming to the U.S. If you did not work before coming to the U.S., enter "none."

BLOCK 5:

Check the block or blocks that best describe your education before coming to the U.S. Also, please check the block or blocks that best describe how and where you have learned English.

BLOCK 6:

If you have had any training or education in the U.S., check the block or blocks that best describe your training and enter your major course of study. If you have had no training in the U.S., enter "none."

BLOCK 7:

Check the block that best describes your ability to use English.

BLOCK 8:

Check as many types of public assistance as you have received or someone has received on your behalf. Indicate the month and year the assistance started and stopped. If you are still receiving assistance, write "present" in the block headed "To-(month/year)."

INSTRUCTION TO THE IMMIGRATION AND NATURALIZATION OFFICER

After this form has been correctly completed, forward it directly to the address as show below:

Data Unit, Office of Refugee Resettlement
DEPARTMENT OF HEALTH & HUMAN SERVICES
370 L'Enfant Promenade S.W. (6th Floor)
Washington, D.C. 20447